

<i>SERFF Tracking Number:</i>	<i>LBRM-125544590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01054</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR CIM TRIPRA PROJECT-FORM</i>		
<i>Project Name/Number:</i>	<i>AR CIM TRIPRA PROJECT-FORM/2008-01054</i>		

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR CIM TRIPRA PROJECT-FORM SERFF Tr Num: LBRM-125544590 State: Arkansas

TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: 2008-01054	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Amy LaCroix, Sarah Lawrence	Disposition Date: 03/19/2008
	Date Submitted: 03/13/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: AR CIM TRIPRA PROJECT-FORM
 Project Number: 2008-01054
 Reference Organization: ISO
 Reference Title:
 Filing Status Changed: 03/19/2008
 State Status Changed: 03/19/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number: CL-2007-OTRP1
 Advisory Org. Circular:

 Deemer Date:

Effective April 1, 2008 for new and renewal business, we wish to file to adopt the above captioned ISO Filing Designation to be used with our Commercial Inland Marine Program. We are making this filing to in response to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

<i>SERFF Tracking Number:</i>	<i>LBRM-125544590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01054</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR CIM TRIPRA PROJECT-FORM</i>		
<i>Project Name/Number:</i>	<i>AR CIM TRIPRA PROJECT-FORM/2008-01054</i>		

We also wish to file our revised Disclosure Notice, ST-ML-505 (01/08), which reflects the changes we made to keep our companies in compliance with The Terrorism Risk Insurance Program Reauthorization Act of 2007.

The adoption of the corresponding ISO Rules has been submitted under separate cover 2008-01055.

Enclosed, please find our revised Disclosure Notice along with the required filing forms.

Additionally, the filing fee is EFT being transmitted through SERFF.

Company and Contact

Filing Contact Information

Sarah Lawrence, State Filings Technician	sarah.lawrence@LibertyMutual.com
62 Maple Ave	(800) 826-6189 [Phone]
Keene, NH 03431	(603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire

<i>SERFF Tracking Number:</i>	<i>LBRM-125544590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01054</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR CIM TRIPRA PROJECT-FORM</i>		
<i>Project Name/Number:</i>	<i>AR CIM TRIPRA PROJECT-FORM/2008-01054</i>		

62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

SERFF Tracking Number: LBRM-125544590 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01054
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: AR CIM TRIPRA PROJECT-FORM
Project Name/Number: AR CIM TRIPRA PROJECT-FORM/2008-01054

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	03/13/2008	18614329
Peerless Indemnity Insurance Company	\$0.00	03/13/2008	
Peerless Insurance Company	\$0.00	03/13/2008	
The Netherlands Insurance Company	\$0.00	03/13/2008	

<i>SERFF Tracking Number:</i>	<i>LBRM-125544590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01054</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR CIM TRIPRA PROJECT-FORM</i>		
<i>Project Name/Number:</i>	<i>AR CIM TRIPRA PROJECT-FORM/2008-01054</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/19/2008	03/19/2008

SERFF Tracking Number:	LBRM-125544590	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-01054		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	AR CIM TRIPRA PROJECT-FORM		
Project Name/Number:	AR CIM TRIPRA PROJECT-FORM/2008-01054		

Disposition

Disposition Date: 03/19/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 04/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: LBRM-125544590 State: Arkansas

First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-01054

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: AR CIM TRIPRA PROJECT-FORM

Project Name/Number: AR CIM TRIPRA PROJECT-FORM/2008-01054

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXPEDITED TRANSMITTAL	Approved	Yes
Form	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	Approved	Yes

SERFF Tracking Number: LBRM-125544590 State: Arkansas

First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-01054

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: AR CIM TRIPRA PROJECT-FORM

Project Name/Number: AR CIM TRIPRA PROJECT-FORM/2008-01054

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	ST-ML- 505	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 ST-ML-505 01 07 Previous Filing #:		ST-ML-505 01 08.pdf

TERRORISM INSURANCE PREMIUM DISCLOSURE
AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and your option to reject terrorism insurance coverage. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY AVAILABILITY OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM”

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from “certified acts of terrorism” as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

Note: With respect to Excess or Umbrella policies, this offer of coverage pertains only to those lines of business covered by TRIA and, more specifically, does not apply to commercial automobile insurance. In addition, this offer of TRIA coverage is expressly conditioned upon your acceptance of coverage for “certified acts of terrorism” on all underlying insurance policies that are subject to TRIA. If you reject such coverage on your primary liability policies, you must also reject it on your Excess or Umbrella policy.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN IT IN THE ENCLOSED ENVELOPE. **Please ensure any rejection is received within thirty (30) days of the effective date of your policy.**

_____ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a “certified acts of terrorism” and my policy will be endorsed accordingly.

Note that certain states (currently CA, GA, IA, IL, MA, ME, MO, NY, NC, NJ, OR, RI, WA, and WI) mandate coverage for loss caused by fire following a “certified act of terrorism” in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

Policyholder/Applicant Signature

Date

Print Name

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

<i>SERFF Tracking Number:</i>	<i>LBRM-125544590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01054</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR CIM TRIPRA PROJECT-FORM</i>		
<i>Project Name/Number:</i>	<i>AR CIM TRIPRA PROJECT-FORM/2008-01054</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125544590 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01054
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: AR CIM TRIPRA PROJECT-FORM
Project Name/Number: AR CIM TRIPRA PROJECT-FORM/2008-01054

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/19/2008

Comments:
Uniform Transmittal Document-Property & Casualty
Attachment:
P&C TRANSMITTAL.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 03/19/2008

Comments:
COVER LETTER
Attachment:
2008-01054ALL.pdf

Satisfied -Name: EXPEDITED TRANSMITTAL **Review Status:** Approved 03/19/2008

Comments:
EXPEDITED TRANSMITTAL
Attachment:
TRIA Expedited Filing Form.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Liberty Mutual Agency Markets	111

4. Company Name(s)	Domicile	NAIC #	FEIN #
Peerless Insurance Company	NH	24198	02-0177030
The Netherlands Insurance Company	NH	24171	02-0342937
America First Insurance Company	NH	12696	58-0953149
Peerless Indemnity Insurance Company	IL	18333	13-2919779

5. Company Tracking Number	2008-01054
-----------------------------------	-------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Amy Lacroix 62 Maple Ave Keene, NH 03431	State Filing Technician	(603)358-4149	(603)352-9252	amy.lacroix@liberty mutual.com
7. Signature of authorized filer		Amy Lacroix		
8. Please print name of authorized filer		Amy LaCroix		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Inland Marine
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New 04/01/08 Renewal: 04/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	CF-2007-OTRP1

20.	This filing transmittal is part of Company Tracking #	2008-01054
-----	---	------------

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Additionally, the filing fee is EFT being transmitted through SERFF.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	---

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.



*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



62 Maple Avenue
Keene, NH 03431
603-352-3221

March 13, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Division Eight – Commercial Inland Marine
Form Filing
ISO Filing Designation - CL-2007-OTRP1
Peerless Insurance Company
NAIC#111-24198
The Netherlands Insurance Company
NAIC#111-24171
America First Insurance Company
NAIC#111-12696
Peerless Indemnity Insurance Company
NAIC#111-18333
Company Filing#**2008-01054**

Dear Mr. Lacy:

Effective April 1, 2008 for new and renewal business, we wish to file to adopt the above captioned ISO Filing Designation to be used with our Commercial Inland Marine Program. We are making this filing to in response to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

We also wish to file our revised Disclosure Notice, ST-ML-505 (01/08), which reflects the changes we made to keep our companies in compliance with The Terrorism Risk Insurance Program Reauthorization Act of 2007.

The adoption of the corresponding ISO Rules has been submitted under separate cover 2008-01055.

Enclosed, please find our revised Disclosure Notice along with the required filing forms.

Additionally, the filing fee is EFT being transmitted through SERFF.

Questions regarding the enclosed filing should be directed to me at 603-358-4149 or 800-826-6189 ext. 84149

Sincerely,

Amy LaCroix
State Filings Technician

email:amy.lacroix@libertymutual.com
Fax: (603) -352-9252

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Peerless Indemnity Insurance Company	IL	111-18333	13-2919779
The Netherlands Insurance Company	NH	111-24171	02-0342937
America First Insurance Company	NH	111-12696	58-0953149
Peerless Insurance Company	NH	111-24198	02-0177030

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Amy LaCroix 62 Maple Ave Keene, NH 03431	1-800-826-6189x 84149	603-352-9252	amy.lacroix@libertymutual.com

Filing information

Line of Insurance (see attachment)	Commercial Inland Marine
Company Program Title (Marketing title) (if applicable)	Commercial Inland Marine
Filing Type ** see note below	Form
This application is used with:	Commercial Inland Marine
Effective Date Requested	04/01/08 for both New Business and Renewal Business
Filing date	03/17/08
Company Tracking Number	2008-01054
Date filing approved in domiciliary state, if applicable	N/A

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Adoption of ISO Filing Designations CL-2007-OTRP1		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	ST-ML-505 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-505 01 07	AR-PC-06-020993

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

Adopted

•

The insurer(s) submitting this filing certifies that it:

- x Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- x Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Amy LaCroix

Signature

Amy LaCroix
Print Name:

Sr. State Filing Technician
Title: